

<b>Case Number:</b>	CM14-0112593		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/10/2007
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43-year-old female with a reported date of injury on 04/10/2007. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic low back pain status post L5-S1 fusion, grade 2 spondylolisthesis at L5-S1, chronic compression fractures at T11 and T12, left shoulder arthralgia, and chronic pain. Her previous treatments were noted to include medications, epidural injections, and home exercise program. The progress note dated 02/13/2014 revealed complaints of persistent left shoulder, neck and lumbar spine pain rated 6/10 to 7/10. The injured worker reported burning pain down the left arm to the elbow. The injured worker had a cervical epidural steroid injection 04/27/2012 which gave her 60% relief for about a year. The benefits had worn off and the injured worker indicated she was interested in another injection. The injured worker was authorized for shoulder surgery and said she would be scheduling surgery in the near future. The injured worker indicated her medications helped decrease her pain by about 50% temporarily and allowed her to increase her walking distance by about 30 minutes. The injured worker did report occasional constipation with medications. The physical examination revealed a mildly antalgic gait, tenderness to palpation at the cervical and lumbar paraspinous regions. Sensation was intact in the bilateral upper and lower extremities with motor strength rated 4+/5 to the left deltoid, biceps, internal and external rotators. There was decreased range of motion of the left shoulder noted with painful motion. The provider indicated an MRI of the cervical spine dated 01/04/2011 revealed cervical musculature spasms, mild spondylosis to the C4-5, C5-6 and C6-7 and to the C4-5, a 2 mm to 3 mm left posterior paracentral C5-6 disc protrusion causing mild left C4-5 lateral recess stenosis with distortion of the left C5 nerve root and left C4-5 lateral recess. There was a 3 mm broad-based posterior C5-6 disc protrusion causing indentation and

impingement on the anterior thecal sac and cervical cord. Posterior displacement and distortion of the anterior C6 nerve root in the C5-6 lateral recess bilaterally was noted. The injured worker indicated she was taking Norco 10/325 mg 3 times a day and Motrin as needed. The injured worker indicated the medications helped decrease her pain by about 50% and allowed her to increase her walking distance by about 30 minutes and increase her sleep by an hour and half. The injured worker reported occasional constipation with medications and said she stopped taking Flexeril due to severe spasms and Neurontin due to gastrointestinal upset. The documentation provided indicated a urine toxicology performed 06/03/2013 and was positive for hydrocodone. The documentation provided indicated blood work dated 08/09/2013 showed normal renal and hepatic function. The provider indicated the epidural injection to the neck in the past gave her significant benefits for about 1 year. The request for authorization form dated 04/15/2014 was for an interlaminar epidural injection at C4-5 and C5-6 due to cervical pain. The progress note dated 05/13/2014 was for labs to monitor liver and kidney function and Norco 10/325 mg 1 every 6 to 8 hours as needed for pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **Interlaminar epidural injection at C4-C5 and C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46.

**Decision rationale:** The request for an interlaminar epidural injection at C4-5 and C5-6 is not medically necessary. The injured worker received a previous interlaminar epidural injection on 04/27/2012 which gave her 60% relief for about a year. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines criteria for radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injection should be performed using fluoroscopy for guidance. No more than 1 interlaminar level should be injected in 1 session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The guidelines state in therapeutic blocks, repeat blocks are based on continued objective documented pain and functional improvement including a reduction of pain medication for 6 to 8 weeks. There is a lack of documentation regarding a reduction of medication use for at least 6 to 8 weeks or functional improvement as a result of the previous epidural steroid injection. Additionally, the request is for 2 interlaminar levels and the guidelines recommend no more than 1 interlaminar level to be injected in one session, and the request failed to provide whether the

injection was to be performed under fluoroscopy. Therefore, the request is not medically necessary.

**Hydrocodone/APap 10-325 # 90 (prescribed 05-13-2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Hydrocodone. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation - Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The request for hydrocodone/APAP 10/325 mg #90 (prescribed on 05/13/2014) is not medically necessary. The injured worker has been utilizing this medication since at least 11/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the "4 A's" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker indicated the medication helped decrease her pain by about 50% and allowed her to increase her walking distance by about 30 minutes. The injured worker reported occasional constipation with medications and the provider indicated a urine drug screen was performed 06/03/2013 and was positive for hydrocodone. The documentation provided indicated the injured worker has met the "4 A's" for ongoing monitoring; however, the guidelines recommend short-term utilization of this medication and the injured worker has been utilizing this medication for approximately 1 year. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

**Labs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

**Decision rationale:** The request for labs is not medically necessary. The injured worker has been utilizing Motrin and the provider indicated blood work dated 08/09/2013 showed normal renal and hepatic function. The California Chronic Pain Medical Treatment Guidelines state package inserts for NSAIDs recommend periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The guidelines do not have an established interval of repeating lab tests after NSAID therapy is initiated and lab tests have been drawn. Additionally, the request failed to specify the lab tests requested. Therefore, the request is not medically necessary.

